

**MSFC APPLICATION FOR SEPARATION INCENTIVE (BUYOUT) – “JOB SWAP”****PART A**

I understand that my eligibility to receive a buyout is contingent upon the placement of an employee occupying a position whose competency has been identified as surplus. If approved, MSFC will notify me and confirm the separation date.

1. I understand that the effective date of my resignation/retirement must be **no earlier than October 1, 2011, and no later than December 31, 2011**.
2. I understand that if I receive a separation pay incentive (Buyout), I will not be eligible for re-employment anywhere within the Federal Government for five (5) years from the date of my separation, unless a waiver is approved by OPM, and I repay the gross amount of the buyout.
3. I understand that I may possess a critical competency required at another NASA Center; however, I am unwilling to relocate. As a result, I request MSFC to proceed with my request for a buyout.
4. I understand that I will be notified if my application is approved or disapproved.

FOR RESIGNEES

5. I wish to resign effective _____
Date

My decision to resign is voluntary. I understand that if I am approved to receive a Buyout payment, this signed application serves as my agreement to voluntarily resign from NASA. If I am not approved, I am not obligated to resign.

FOR RETIREES

6. I wish to retire effective _____ ☐ **Optional Retirement** ☐ **Early Retirement** (Check One)
Date

I have met the appropriate age and service requirements. I understand that if my application is approved, I must submit a completed, signed retirement application to the NASA Shared Services Center as soon as possible. My decision to retire is voluntary. I understand that if I am approved to receive a Buyout payment, this application serves as my agreement to voluntarily retire from NASA. If I am not approved, I am not obligated to retire.

EMPLOYEE NAME		ORG. CODE
TITLE, SERIES, AND GRADE		
PRIMARY COMPETENCY (FROM THE COMPETENCY MANAGEMENT SYSTEM)		
WORK PHONE	HOME PHONE	CELL PHONE
DATE	<input type="checkbox"/> By checking this box, I certify that I have read and understand this form and the information I have voluntarily provided is true and correct.	

Submit this form to **HS50/Delores Brown** via e-mail to delores.i.brown@nasa.gov with subject line of “Application for Separation Incentive (Buyout)” no later than **5:00 p.m. on September 28, 2011**.

Mrs. Brown may also be contacted at 256-544-1573 if you have questions regarding your eligibility, entitlements, or the incentive.

MSFC APPLICATION FOR SEPARATION INCENTIVE (BUYOUT) – “JOB SWAP”
PART B

Replacement identified: _____
Date Name

I understand that a replacement employee has been identified for my position. As a result, I will voluntarily retire/resign effective _____ .
Date

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Submit this form to **HS50/Delores Brown** via e-mail to delores.i.brown@nasa.gov with subject line of “Application for Separation Incentive (Buyout)” no later than **5:00 p.m. on September 28, 2011.**

Mrs. Brown may also be contacted at 256-544-1573 if you have questions regarding your eligibility, entitlements, or the incentive.